



RURAL CITY OF
WANGARATTA

In Replying Please Quote: 75 040 001
If Calling Please Ask For: Ross Cairns or Lisa Giese

62-68 Ovens Street
PO Box 238
WANGARATTA VIC 3676
Telephone: (03) 5722 0888
Fax: (03) 5721 9526
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APPLICATION FOR REGISTRATION OF FOOD PREMISES (Class 1 & 2)

To the *Rural City of Wangaratta* Council

I/we the undersigned apply to register, under the provisions of the Food Act 1984 the premises described hereunder and depicted in the floor plan *attached/lodged with Council, for the year ending 31 December 2017.

Proprietor Name:	
Proprietor Address:	
Proprietor Phone:	Fax:
Proprietor Email:	

Business or Trading Name:	
Business (Premises) Address:	
Postal Address:	
Business Phone:	Fax:
Business Email:	ABN:

Description of Business (ie café, bakery..):CLASS 1 / 2
Number of Staff (2 part-time = 1 full-time):
Name of Food Safety Supervisor:.....

Declaration	
I understand and acknowledge that: - The information provided in this notification is true and complete to the best of my knowledge - This notification is a legal document and penalties exist for providing false or misleading information	
If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s). If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.	
Applicant signature/s:	
Print applicant name/s:	
Authority in Business:	
Date:	Fee: \$(GST Exempt)

OFFICE USE ONLY: (NEW)
Registration Number:
Debtor Number:
Receipt Number:
Date:
Amount: \$ (GST Exempt)

- Complete all details and sign the form
- Registration fees are **GST Exempt**. **TAX INVOICE** (keep a copy for your records)